

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

**A. Full Name (Last, First, Middle Initial)**

**DEBRA P. DILORENZO**

Mailing Address 104 S. 12TH AVENUE

City

LONGPORT

State

NJ

Zip Code

08403-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAMBER OF COMMERCE SOUTHERN NEW

Occupation

PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.46537**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 17 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**THOMAS DOUGLASS**

Mailing Address 3201 KANAWHA AVENUE

City

CHARLESTON

State

WV

Zip Code

25304-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL ANESTHESIA SERVICES, INC

Occupation

ANESTHESIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.46535**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 17 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**C. Full Name (Last, First, Middle Initial)**

**MARILYN GEIGER**

Mailing Address 1415 WESTLYNN ST  
ALT 302

City

WICHITA

State

KS

Zip Code

67212-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

AUDITOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

**Transaction ID : SA17.46729**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 17 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**Subtotal Of Receipts This Page (optional)**.....

2025.00

**Total This Period (last page this line number only)**.....